

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40496

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4213		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY HENRY MISSOURI b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTROSE c. LENGTH OF STAY (in this place) 79 YRS d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HENRY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTROSE MISSOURI d. STREET ADDRESS (If rural, give location) 0472			
3. NAME OF DECEASED (Type or Print) Anna. a. (First) Anna. b. (Middle) SCHMEDDING c. (Last) SCHMEDDING				4. DATE OF DEATH DEC 25 1950 (Month) (Day) (Year)			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 12 - 1871	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRANZ WIESMAN				13b. MOTHER'S MAIDEN NAME FENUSKA MENKER		14. NAME OF HUSBAND OR WIFE DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES				16. SOCIAL SECURITY NO. YES		17. INFORMANT'S SIGNATURE OR NAME Mary Schmiedding Montrose Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broncho pneumonia DUE TO (c) Paralysis Agitans II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH 350X			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Nov 1, 1945, to Dec 25, 1950 that I last saw the deceased alive on 12-25, 1950 and that death occurred at 9 A m., from the causes and on the date stated above.							
23a. SIGNATURE R. L. Hansen MD (Degree or title)				23b. ADDRESS Butler, Mo		23c. DATE SIGNED 12-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 27 - 1950		24c. NAME OF CEMETERY OR CREMATORY ST. LUIGER		24d. LOCATION (City, town, or county) (State) GERMANTOWN MISSOURI	
DATE REC'D BY LOCAL REG. DEC-27-1950		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scheeling Bros. Montrose Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED ¹⁻²⁻⁵⁷
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-2-57

1957 FEB 7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

on the 25th day of Dec 1950
working under my personal supervision.

Student Embalmer No.

Signed _____

Frank Lee

Signed.....
Student Embalmer

Licensed Embalmer No. 1099

P. O. Address Appleton City, W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.